

[1] Introduction

A pandemic is defined as an outbreak of a disease that occurs on a global scale, affecting a large portion of the population across multiple countries or continents (WHO, 2020). Unlike localised epidemics, pandemics spread rapidly and widely, often affecting various demographic groups. A key characteristic of a pandemic is its sustained human-to-human transmission, which allows the disease to spread across geographical regions, causing widespread illness and often, significant societal disruptions (WHO, 2020). Throughout modern history, pandemics have not only been biological crises but also social and political flashpoints that exacerbate xenophobia and discrimination. While studies have examined Anti-Asian sentiments when it comes to pandemics, a research gap would be finding out reasons behind why the racial scapegoating of the Chinese population is such a recurring pattern. This paper will compare two pandemics: the Severe Acute Respiratory Syndrome (SARS) in the early 2000s and Coronavirus Disease 2019 (COVID-19). Despite occurring nearly two decades apart, both pandemics were shaped by similar factors: historical prejudices, media narratives, and government rhetoric. This paper seeks to determine which of these factors had the greatest impact in shaping the global climate of Chinese prejudice. Using a comparative framework, this study will assess the extent to which each factor contributed to heavily-racialised discourse in health politics.

[2] Background

The racialisation of pandemics is a historical phenomenon, where disease outbreaks are often blamed on foreign or minority groups due to entrenched and internalised xenophobia. For instance, SARS is a viral respiratory illness characterised by fever, cough, difficulty breathing, and pneumonia, and can spread through close contact with infected individuals. During SARS,

China was framed as the epicenter of zoonotic disease spillover, reinforcing stereotypes of unsanitary wet markets and exotic animal consumption (Santos, 2021). This is reinforced by the media's emphasis on China's "backward" food practices, and how it fueled fear and discrimination against Chinese communities abroad.

This pattern resurfaced in 2020 with the COVID-19 pandemic, which originated in Wuhan, China. COVID-19 is a highly contagious respiratory illness caused by the SARS-CoV-2 virus. It was first identified in December 2019 and spreads primarily through respiratory droplets when an infected person coughs, sneezes, or talks. The virus was quickly politicised, with figures like former U.S. President Donald Trump labeling it the "China virus" and "kung flu" (Cooper & Lampropoulou, 2024). As a result, ethnic Chinese populations worldwide faced hate crimes and economic discrimination. Reports showed a spike in anti-Asian hate crimes by over 339% in Western countries during the pandemic (Ruiz et al., 2023). Therefore, racism against the Chinese population was not a cause of Chinese action per se, but as a result of political rhetoric, historical prejudices, and sensationalised media portrayal by the West.

Comparing and evaluating factors behind racialisation is important, as on an international scale, politicised blame during pandemics can thwart the collaboration needed to fight a global threat: The COVID-19 pandemic highlighted this danger. US-China relations, already tense, devolved into mutual recriminations about the virus's origin and handling. This "pandemic nationalism" impeded a unified response. For instance, U.S. officials even withdrew funding and engagement from the World Health Organisation, accusing WHO of pro-China bias (Kim, 2020). In contrast, WHO noted that when racism was tamped down, cooperation yielded benefits, as seen when scientists worldwide across the East and West shared genome data and research early on, a collaboration that was unfortunately overshadowed by ensuing political finger-pointing.

[3] Literature Review

3.1 Historical Roots of Sinophobia in Epidemic Discourse

Anti-Chinese sentiment in the context of disease has deep historical roots. In the 19th century, Western colonial narratives often cast China as the “Sick Man of Asia,” portraying the Qing empire and its people as inherently disease-ridden and backward (Lynteris, 2020). Epidemics such as plague and smallpox were attributed to Chinese origins, fueling the notion that China was a breeding ground of pestilence threatening the modern world. For instance, the third bubonic plague pandemic (late 1800s) crystallised these fears (Lynteris, 2020). After plague struck colonial Hong Kong in 1894, European and American observers pointed to Chinese “filth” and medieval habits as the cause, marking China as a hygienically “backward” land incubating ancient diseases (Li, 2013). This rhetoric was closely tied to the colonial era’s “Yellow Peril” mythology, which framed Asians as a danger to Western health and civilisation. Officials and the press frequently referred to these enclaves as “breeding grounds” of plague, depicting Chinese immigrants’ homes and even goods as vectors of infection (Human Rights Watch, 2020). In short, colonial-era public health discourse consistently explains epidemics along racial lines.

3.2 Media Framing and Political Rhetoric in Disease Politics

Media coverage and political rhetoric have been powerful drivers of xenophobic sentiment during health crises. In Western media, epidemics originating abroad often get framed in ways that exoticise and blame the source culture. During SARS and especially COVID-19, a common focus was on Chinese “wet markets” as purported disease incubators. Anthropologists note that across Western media and politicians alike portrayed wet markets in barbaric terms, such as

chaotic places where wild animals are slaughtered and “mix with one another in a phantasmagoria of matter out of place” (Lynteris, 2020). Instead of treating diseases holistically, the narrative was simplified to “Chinese culture = disease vector.” This Orientalist media framing magnified public anger toward Chinese people. Eventually, cultural practices were demonised by both the media and politicians, where a complex global health crisis was reduced to a caricature of Chinese recklessness.

Western political rhetoric during these crises further amplified Sinophobic framing. Major outlets resurrected explicitly racist tropes, such as France, where a regional newspaper in 2020 ran a headline “Alerte Jaune” (“Yellow Alert”) about the coronavirus, playing on the aforementioned “yellow peril” theme (Zhou, 2020). Such examples underscore that Western media framing during COVID-19 at times reinforced the idea of Chinese people as a threatening “Other,” harkening back to colonial-era clichés.

[4] Framework and Research Question

How did historical factors, media perceptions, and government rhetoric contribute to the racialisation of pandemics, and which of the three factors had the greatest impact in shaping public responses during SARS (2002-2003) and COVID-19?

[5] Methodology

This research employs a comparative case study approach using a range of secondary data, which includes government documents, media coverage in major Western and Asian news outlets (CNN, BBC, The Guardian, South China Morning Post), as well as peer-reviewed journal articles on SARS and COVID-19.

[6] Comparative Framework and Analysis

In this study, a comparative framework consists of three elements, namely a. Colonial History, b. Media Perceptions, and c. Government Rhetoric will be used to examine the racialisation of pandemics, and assessed in terms of their public health impact.¹ The key aspect of this comparison is to understand whether the same three factors led to similar or different outcomes in the public responses during both pandemics.

a. Colonial History: The Legacy of Disease Narratives

SARS (2003) and COVID-19 (2019) are chosen based on their Asian origins, which have influenced their global perceptions to a colossal extent. The discourse around SARS and COVID-19 echoed colonial disease narratives, where Asia was often viewed as a breeding ground for “exotic” diseases, a legacy of colonial fears such as the “Yellow Peril” rhetoric, which viewed East Asia as both mysterious and dangerous, as explored in the literature review above. This racialised fear can be traced back to colonial times when European powers linked tropical climates and foreign diseases to the concept of “dangerous otherness” (Li, 2013). To understand its impacts, we first need to trace the origins of these colonial myths:

After the plague struck colonial Hong Kong in 1894, European and American observers pointed to Chinese “filth” and medieval habits as the cause, marking China as a hygienically “backward” land incubating ancient diseases (Benedict, 1996). Chinese quarters in port cities worldwide, Chinatowns, were stigmatised as hotbeds of contagion, such as immigrants’ homes or Chinese goods in the West.

¹ Refer to Appendix for a summarised comparative table



Figure 1: An 1882 cartoon from an American magazine (The Wasp, 1882)

The figure above depicts the ghosts of diseases (malaria, smallpox, leprosy) hovering over San Francisco's Chinatown, reflecting the era's racist myth that Chinese immigrants and their quarters were sources of contagion. This portrayal exemplified how public health fears were weaponised to reinforce anti-Chinese prejudice.

On the west coast of the United States, these colonial tropes translated into policy: Throughout the late 1800s, Chinese immigrants in California were scapegoated for nearly every disease outbreak, from smallpox to cholera (Wu, 2020). This happened when American health officials deemed Chinatown a “dangerous space” of disease and immorality, targeting it for aggressive sanitation sweeps and quarantines. Public health rhetoric explicitly linked the Chinese to “alien” germs that threatened the American population. For example, in San Francisco's 1900 plague outbreak, authorities imposed a cordon sanitaire around Chinatown and subjected Chinese

residents to intrusive inspections and forced fumigations, while largely sparing white neighborhoods (Wu, 2020). These prejudiced policies not only victimised Chinese communities but also reinforced the idea that Asians were vectors of disease who needed to be contained or excluded. Notably, anti-Chinese health narratives fueled support for the Chinese Exclusion Act of 1882, as immigrants were painted as a biological threat to the nation (National Archives, 2023). In short, colonial-era public health practices and discourse consistently racialised disease, portraying Chinese people as “medical scapegoats” to explain epidemics.

By the time of the SARS outbreak in 2003, these historical narratives of Sinophobic blame had faded but not disappeared. Scholars observe that SARS triggered a “resurgence” of the old epidemic Sinophobia in a new form. The virus first emerged in Guangdong, China, and soon a familiar discourse followed: global media spotlighted Chinese cultural practices, such as the animals they consume, as bizarre and culpable. Western commentary resurrected early Orientalist stereotypes of Chinese wet markets and “unhygienic” eating habits as the source of the outbreak. Even though China in 2003 was a rising economic power, international reactions to SARS often echoed the nineteenth-century fears of a pathogenic Orient (Lynteris, 2020). This shows that sinophobic tropes were long dormant, but returned as people sought someone to blame for the frightening new disease. As a result, Asians in North America and Europe reported instances of stigma during SARS. For example, Toronto, one of the hardest-hit cities, saw business drop in Chinatown and racist mistrust of the Chinese-Canadian community, reminiscent of earlier epidemics (Wu, 2020). Overall, the SARS case showed that colonial-era prejudices linking China and disease still lingered in public consciousness, ready to resurface under stress. This set the stage for an even more pronounced reaction during COVID-19 less than two decades later.

Fast forward to COVID-19 (2020), and we see a striking repetition of the above historical patterns. With the coronavirus first reported in Wuhan, a wave of Sinophobic blame and conspiracy theories spread almost as fast as the virus itself. This is due to the revival of explicitly colonial-era slurs. Notably, *The Wall Street Journal* ran a February 2020 headline calling China the “Real Sick Man of Asia,” (Mead, 2020) invoking the same derogatory and colonial label used in 1900. Chinese officials and people around the world immediately recognised this as racist, hearkening back to the century-old trope that China’s supposed inherent sickness endangers others. This naming explicitly tied the disease to an ethnic group, echoing how 19th-century Americans spoke of “Mongolian leprosy” or “Chinese plague” (Wu, 2020). Thus, the scapegoating of Chinese communities for epidemics, as seen in outbreaks from the 1800s and previously SARS, persisted into the 21st century, reinforced by the legacy of colonial narratives about race and disease.

Comparison: COVID-19 experienced a more amplified racial and political narrative, exacerbated by ongoing geopolitical struggles. For SARS, the induction of Orientalist stereotypes about Chinese wet markets echoed 19th-century fears of a diseased Orient. These Sinophobic tropes revealed the deep-seated racial anxieties still present in Western perceptions of China. In contrast, during COVID-19, the colonial influence was even more explicit, with the virus being directly dubbed the “China virus” or “Wuhan virus”, evoking the same derogatory labels used during earlier pandemics, like the “Sick Man of Asia.” The resurgence of these colonial tropes in both pandemics reflects how deeply entrenched stereotypes about race and disease remain, with SARS serving as a precursor for the more aggressive racial scapegoating witnessed during COVID-19. While both pandemics triggered Sinophobic reactions, COVID-19 saw a more global and amplified revival of colonial-era narratives.

b. Media Perceptions: Traditional vs. Social Media Impact

The media landscape during SARS and COVID-19 differed significantly, affecting public perception:

Firstly, we look at the cultural impact of media coverage, which has been a powerful driver of xenophobic sentiment during health crises. In Western media, epidemics originating abroad often get framed in ways that exoticise and blame the source culture. During SARS and especially COVID-19, a common focus was on Chinese “wet markets” as purported disease incubators. Early reports suggested COVID-19 jumped to humans at a live animal market in Wuhan, and news outlets quickly honed in on the idea of Chinese lifestyle choices as dangerous. This framing frequently lacked cultural nuance and veered into sensationalism. Images of exotic animals and unsanitary conditions were splashed across front pages, reinforcing the impression that Chinese eating habits were to blame for the pandemic. Such coverage often overlooked the reality that most wet markets predominantly sell common meats and produce, operating under regulations not unlike farmers’ markets elsewhere (Maruyama, Wu, and Huang 2016). Instead, the narrative was simplified to the racial equation: “Chinese culture = disease vector.” This Orientalist media framing magnified public anger toward Chinese people. In Lynteris and Fearnley’s study, they observed that nothing seemed to ignite more indignation in the West than the media portrayal of the Chinese wet market as an “affront to humanity” (Lynteris and Fearnley 2020). In effect, cultural practices were demonised, and a complex global health crisis was reduced to a caricature of Chinese recklessness.

Media in other Western countries were not blameless: Some outlets resurrected explicitly racist tropes, as mentioned above with the *Wall Street Journal* headline. In France, a regional

newspaper in 2020 ran a headline “Alerte Jaune” (“Yellow Alert”) about the coronavirus, playing on the historical “yellow peril” theme (Zhou, 2020). Such examples underscore that Western media framing during COVID-19 at times reinforced the idea of Chinese people as a threatening “Other,” harkening back to racist clichés.

Importantly, anti-Chinese framing during epidemics has not been confined to the West. Countries in Asia also exhibited Sinophobic discourse, especially during COVID-19’s early spread. Fear led to a surge of exclusionary rhetoric across East and Southeast Asia despite those countries’ geographic and cultural proximity to China. For example, Japanese and Korean social media were awash with hashtags and posts vilifying Chinese travelers when the pandemic began: In Japan, the hashtag #ChineseDontComeToJapan trended, and in South Korea millions signed online petitions urging a ban on Chinese visitors (Ghosh, 2020). These media sentiments spilled into real life: by late January 2020, restaurants and shops in Japan, South Korea, Thailand, Hong Kong, Vietnam and elsewhere were posting signs “No Chinese Allowed” denying entry to Chinese customers out of virus fears (Reuters, 2020). In Indonesia, locals demanded on social media that Chinese tourists or workers be expelled as a preventive measure, which eventually escalated into rallies (Ghosh, 2020). Such reactions show that xenophobic disease narratives permeated globally, even in Asian regions that have their own histories of being stigmatised by Western powers.

Overall, the media framing around SARS and COVID-19 demonstrate how narratives of blame can quickly globalise. Chinese cultural practices (diet, markets, festivals, etc.) were repeatedly singled out as de facto causes of disease. Therefore, the media has indefinitely shaped public perceptions, to the detriment of Chinese communities worldwide.

Comparison: SARS was covered primarily by traditional media: television, print, and radio, which came with limited global reach. Coverage in Western media lacked immediacy, and the term “SARS” was often tied to "Chinatowns" in various countries, leading to economic downturns as people avoided these areas due to fear (Eichelberger, 2007). However, the coverage remained largely contained within traditional news outlets and did not ignite the same level of global panic or racialised rhetoric that would follow with COVID-19.

With the advent of social media by the time COVID-19 hit, the speed and reach of information were dramatically altered. The rapid spread of misinformation and racialised discourse on platforms like Twitter and Facebook made COVID-19 a unique case. This is because social media accelerated the spread of biased narratives, enabling stereotypes about Chinese people and culture to persist unchecked (Ong, 2020).

c. Government Rhetoric: Public Health vs. Politicised Language

The tone and rhetoric used by governments during the SARS and COVID-19 outbreaks diverged significantly:

Western political rhetoric during these crises further amplified Sinophobic framing. A prominent example is U.S. President Donald Trump, who repeatedly and infamously referred to the coronavirus as “the Chinese virus” in press briefings and on social media (Human Rights Watch, 2020). Such language from government leaders lent legitimacy to the association of COVID-19 with Chinese ethnicity, and studies later linked the use of this phrasing to a rise in anti-Asian sentiment online (Hswen et al., 2021). Other politicians echoed or enabled similar rhetoric: The Human Rights Watch reported that officials in the US, UK, Italy and France, amongst others,

seized on the pandemic to advance xenophobic narratives. In Italy, for instance, the governor of Veneto sparked outrage by bragging in February 2020 that Italians' superior "hygiene" – washing hands and taking showers – would spare Italy from the Chinese, even remarking "we have seen the Chinese eating mice alive" (Human Rights Watch, 2020). In Brazil, a high-ranking official tweeted that COVID-19 was part of a Chinese plan for world domination (French-Press A., 2020). These statements, circulated widely via news and social media, directly tied disease to ethnic stereotypes. They also show how political rhetoric can fuel xenophobia: by using China or Chinese people as a foil, leaders deflected blame for outbreaks and played to domestic prejudices. The result was often a validation of popular mistrust toward Asians. Indeed, researchers observed that derogatory terms used by politicians like "kung flu" and the "Chinese virus" label corresponded with spikes in anti-Asian hate speech and attacks, such as the rising vandalism cases of Chinese-owned businesses in the United States (Human Rights Watch, 2020).

Comparison: SARS was primarily framed as a public health issue, with a focus on science-based quarantine measures and containment strategies (Wu, 2020). Early actions included targeted containment efforts such as travel bans on countries in East Asia, reflecting attempts to contain the disease regionally. Although these measures were science-based, they also had racial undertones, especially in terms of targeted policies against East Asian travelers (Hsiung, 2004). Despite these measures, the rhetoric surrounding SARS remained largely neutral, aiming to educate the public on health protocols rather than linking the virus to national or racial identities.

In contrast, the COVID-19 pandemic saw global leaders using highly racialised language, which politicises the virus. U.S. President Donald Trump, as discussed above, directly established the association between the disease and China, leading to increased xenophobia and anti-Asian hate crimes (Gao, 2022). This approach was not only a public health issue but also a political tool,

used to deflect criticism and defend national policies. Governments, particularly in Western countries, also used this rhetoric to scapegoat China for the pandemic's economic and social consequences, undermining the global cooperation needed to address the health crisis.

Overall, the rhetoric in the government's handling of the two outbreaks starkly differs, with SARS being framed more in terms of public health and containment, albeit with some racial implications, while COVID-19 became a highly-politicised and racialised issue, magnified by leaders using the pandemic for political agendas.

Comparison Across The Three Factors

Colonial history emerged as a key factor in both pandemics, as both SARS and COVID-19 triggered the resurgence of colonial-era Sinophobic narratives. The racialised scapegoating of Chinese people and culture, which was heavily tied to colonial-era narratives, was more intense and widespread during COVID-19, reflecting the persistence of these racialised fears even in a modern, interconnected world.

However, it was the media perceptions of both pandemics that most significantly shaped the public's view of the disease and its origins. During SARS, the global media focused heavily on China's cultural practices and framed them as the source of the outbreak, though it can be noted that the reach of media was more limited compared to COVID-19, and the narratives did not incite as much racialised discourse on a global scale. The media largely followed public health recommendations without significantly inflaming racial fears. This is due to SARS having taken place before the rise of social media, which is an unprecedented yet impactful factor that exacerbated the spread of anti-Chinese racism during COVID-19.

In the modern era, social media has emerged as an unparalleled force in shaping global perceptions, particularly when it comes to disease outbreaks. It has the unique ability to *amplify* and *accelerate* narratives in ways that traditional media cannot match. During the COVID-19 pandemic, social media acted as a powerful megaphone for both the other factors in this study (namely pre-existing colonial histories and government messaging), extending their reach to global audiences in a matter of minutes. In today's hyper-connected world, social media's amplification of these factors has made it the most influential and dangerous player in shaping public attitudes towards disease and racialisation.

The colonial histories have been turbocharged by social media platforms, particularly Twitter, Facebook, and Instagram. These platforms have allowed old colonial myths about China being a "dirty" and "dangerous" place to spread exponentially (Shin, 2023), with utmost immediacy after the virus was identified in Wuhan. For example, the viral circulation of the term “China virus” was not only reinforced but normalised by social media posts, tweets, and memes. What was once a racially charged, colonial-era stereotype was suddenly given new life and legitimacy precisely because of social media’s top influence.

For instance, government rhetoric that otherwise might have remained in the confines of press conferences or political speeches was propelled into the global consciousness. The impact was swift: the virality of Trump's anti-Asian Tweets have directly contributed to a surge in anti-Asian hate crimes, with reports of violent attacks on Asian-Americans reaching disturbing levels (Reja, 2021). Therefore, social media provided a platform for political rhetoric to be validated by an engaged online community.

Therefore, what makes social media the most impactful factor in the racialisation of pandemics today is its unmatched power, speed, and reach. As such, social media has emerged as the most impactful factor in the racialisation of pandemics, surpassing even the long-standing legacies of colonial history and the influence of traditional media to distort the public understanding of diseases.

[7] Discussion

The comparative framework used in this study has proven to be an effective tool for analysing the public and policy responses to both SARS and COVID-19, as it allows for a nuanced exploration of how historical legacies, media narratives, and political rhetoric shaped public perceptions and responses during the two pandemics. The comparison of SARS and COVID-19 highlights both the continuity and evolution of these influences, revealing how certain colonial-era fears persisted, albeit in different forms. Most importantly, we are able to observe how new factors, such as the role of social media, emerged more strongly in the COVID-19 response.

This study makes an empirical contribution by recognising the growing influence of social media in shaping pandemic narratives. This study's findings underscore the pivotal role social media played in reinforcing racialised narratives, political rhetoric, and public fear, marking a new dimension in pandemic discourse that was not as prominent in previous outbreaks. By acknowledging this shift, the study adds to the understanding of how digital platforms can influence public health crises in ways that were previously underexplored. The recognition of social media's influence also opens avenues for further research into how digital discourse impacts future health crises and public opinion.

[8] Recommendations

1. Regulation and Accountability for Social Media Platforms

The role of social media in amplifying racialised narratives during the COVID-19 pandemic highlights the urgent need for regulation and accountability. Social media platforms should be more proactive in monitoring and addressing harmful, misleading, or racist content. Governments and tech companies should collaborate to implement stronger content moderation policies that prevent the spread of racialized misinformation, especially during public health crises. Additionally, promoting digital literacy and responsible online behavior could help mitigate the amplification of hate speech and discriminatory content. This would be particularly important in preventing the stigmatisation of specific communities based on race or ethnicity during future pandemics.

2. Increased Public Health Communication on Diverse Platforms

To combat the impact of media perceptions in shaping public response, governments and health organizations should leverage diverse media platforms, traditional and digital, to deliver consistent, fact-based health information. It is essential that public health campaigns actively challenge stereotypes and misinformation that arise from both traditional and social media. Public health messages should be culturally sensitive and inclusive, acknowledging the diverse social and cultural contexts of communities.

[9] Conclusion

As discussed above, media narratives have emerged as the most impactful factor in the racialisation of pandemics. While this was not as apparent with SARS, it was definitely an indestructible force during public responses to COVID-19 with its unparalleled ability to spread misinformation and legitimise harmful political narratives. This is because historical narratives and government action have checks and balances, but the media does not. The rapid circulation of racist imagery and videos, often manipulated or taken out of context, helped perpetuate xenophobic fears across multiple regions.

The SARS outbreak, while still influenced by colonial-era stereotypes, did not experience the same level of political and media amplification, but it planted the seeds for such racialised disease narratives. Thus, the intersection of media, colonial legacy, and government rhetoric during COVID-19 created a perfect storm of racialised fear, making it a more racially charged pandemic than SARS. While both pandemics shared similarities in their origins and geographical spread, COVID-19 suffered from a greater degree of politicisation and malicious public discourse because of the endangering developments in social media. Overall, the lessons learned from this framework underscores the dangers of politicising public health issues and the need for global cooperation free from racial bias.

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[11] Appendix

Comparative Framework Table

| Factor | SARS | COVID-19 | Comparative Criteria |
|-------------------|---|---|---|
| Colonial History | <ul style="list-style-type: none"> - Legacy of colonial disease narratives (e.g., “Yellow Peril” rhetoric). - Lack of major Western impact delayed urgency. | <ul style="list-style-type: none"> - Echoes of SARS-era narratives, but amplified on a global scale. - Heightened geopolitical tensions (U.S.-China trade war). | Which of two events suffered on a greater scale , because of historical factors? |
| Media Perceptions | <ul style="list-style-type: none"> - Media framed SARS as an "Asian disease" but coverage was limited due to slower digital media growth, more reliance on traditional media | <ul style="list-style-type: none"> - Social media accelerated racialised discourse, enabling misinformation and hate speech. | Did traditional media or social media create greater reach ? |

| | | | |
|---------------------|---|--|--|
| | <ul style="list-style-type: none"> - Chinatowns faced economic downturns due to fear-driven avoidance. | <ul style="list-style-type: none"> - Politicians fueled Sinophobia through terms like "China Virus", which was constantly retweeted/shared across social media | |
| Government Rhetoric | <ul style="list-style-type: none"> - Quarantine measures largely science-based, but some targeted containment efforts (e.g., travel bans against East Asia). | <ul style="list-style-type: none"> - Rhetoric used by world leaders openly racialised the virus - Harsher policies targeting Chinese travelers, despite virus already spreading globally | <p>How did the tone and language differ between SARS (neutral/public health-focused) and COVID-19 (politicised/racialised)?</p> |